FEB 1 4 2005 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Panerwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Exective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/628,982 **Application Number** FEE TRANSMITTAL July 29, 2003 Filing Date Larry L. BRADFORD, et al. For FY 2005 First Named Inventor Sergent, Rabon A. **Examiner Name** Applicant claims small entity status. See 37 CFR 1.27 1711 Art Unit ACA 6114 US2 (1321-13 DIV CON) (\$) 1,520.00 TOTAL AMOUNT OF PAYMENT Attorney Docket No. METHOD OF PAYMENT (check all that apply) X Check L JMoney Order L⊥None し \_\_\_ Credit Card \ Other (please identify): Deposit Account Name: Dilworth & Barrese, LLP Deposit Account Deposit Account Number: 04-1121 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES** Small Entity **Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 200 150 500 100 250 200 Design 130 100 100 50 65 Plant 200 100 300 150 160 80 500 600 300 Reissue 150 250 300 200 **Provisional** 0 100 0 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee (\$) Fee Description 50 25 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 200 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 100 Multiple dependent claims 360 180 Fee Paid (\$) **Multiple Dependent Claims Total Claims Extra Claims** Fee (\$) - 20 or HP = \_\_\_\_ x \_\_\_ = Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Fee Paid (\$) Indep. Claims **Extra Claims** Fee (\$) -3 or HP =HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) **Total Sheets Extra Sheets** (round up to a whole number) x - 100 = / 50 = 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$1520.00 Other: Three (3) Month Extension of Time Fee & Notice of Appeal Fee SUBMITTED BY Registration No.25,253 Telephone 516 228-8484 Signature (Attorney/Agent) Name (Print/Type) Rocco S. Barrese Date February 10, 2005 CERTIFICATION UNDER 37 C.F.R. §1.8(a) I hereby certify that this correspondence and the documents referred to as enclosed are being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Paterts, P.O. Box 1450, Alexandria, VA 22313-1450. Dated: February 10, 2005

(Name Recco S. Barrese